

**EARLY CHILDHOOD DEVELOPMENT CENTER
VOLUNTEER AVAILABILITY SCHEDULE**

Name/ Email Address: _____ Date: _____

Circle the days that follow the time periods/s in which you are able to volunteer. Please * your first preference.

7:30 – 9:00 a.m.	Mon	Tues	Wed	Thurs	Fri
8:00 – 9:30 a.m.	Mon	Tues	Wed	Thurs	Fri
8:30 – 10:30 a.m.	Mon	Tues	Wed	Thurs	Fri
9:00 – 11:00 a.m.	Mon	Tues	Wed	Thurs	Fri
9:00 – 10:30 a.m.	Mon	Tues	Wed	Thurs	Fri
9:30 – 11:30 a.m.	Mon	Tues	Wed	Thurs	Fri
9:30 – 11:00 a.m.	Mon	Tues	Wed	Thurs	Fri
10:00 – 11:30 a.m.	Mon	Tues	Wed	Thurs	Fri
10:30 a.m. – 12:00 p.m.	Mon	Tues	Wed	Thurs	Fri
11:00 a.m. – 12:30 p.m.	Mon	Tues	Wed	Thurs	Fri
11:30 a.m. – 1:30 p.m.	Mon	Tues	Wed	Thurs	Fri
12:00 – 1:30 p.m.	Mon	Tues	Wed	Thurs	Fri
2:30 – 4:00 p.m.	Mon	Tues	Wed	Thurs	Fri
2:30 – 4:30 p.m.	Mon	Tues	Wed	Thurs	Fri
3:00 – 4:30 p.m.	Mon	Tues	Wed	Thurs	Fri
3:00 – 5:00 p.m.	Mon	Tues	Wed	Thurs	Fri
3:30 – 5:30 p.m.	Mon	Tues	Wed	Thurs	Fri
4:00 – 5:30 p.m.	Mon	Tues	Wed	Thurs	Fri